## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/5/4439 APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED				AFTER 2 MAMENDMENT			AS FILED		AFTER 1*AMENDMENT		AFTER 2 ** AMENDMENT	
	IND.	DEP.	IŅD.	DEP.	IND.	DEP.		IND.	DEP.	IND.		IND.	DEI
1 2	1			1-1			51						
3					<b></b>		52						
4							53 54						
5							55						
6							56						
7							57		·				
8							58						
9	<b></b>						59						<del></del>
10 11	<b></b>						60						<del></del>
12	<u> </u>						61						
13							62						
14	<del> </del>						63						
15							64						
16							65						
17							67						
18							68						·····
19				9			69		<del>,                                      </del>	<del></del>			
20 21							70						
22				1			71						
23				1			72						
24					<del></del>		73						
25	11		·				74						
26					<del></del>		75 76						
27				7			77						
28							78	<del></del>					
29							79						
30							80						
31 32				1			81				<del></del>  -	<del></del>	
33				4			82						
34							83						
35				<del>-}</del>   -			84						,
36				1			85						
37				1			86 87						
38							88						
39		, and					89						
40			$ \Box$				90			<del> -</del>			
41							91						
42 43				1			92		2				
44							93						
45							94						
46							95						
47							96						
48		3					97	<del>-  </del>					
49	1						98						
50							99 100						
TAL ND.			1				TOTAL						
TAL						*	IŅD.		-		-		1
EP.	10000		12		•		TOTAL DEP,						
TAL AIMS			お屋				TOTAL CLAIMS	j				K	
						-	بر <u> الرسي</u>	40.12	DEPARTME			E.L.	P 2 3